

**F3 Stakeholders Meeting
Tuesday, February 26, 2002
9:30 AM – 12:30 PM**

Recent survey:

- Recent survey results noted for their replication of responses gathered through stakeholder interviews at the beginning of this process.

Continued option generating (Bringing together and fostering creative ideas for addressing the issues identified and deliberated by the stakeholder group):

Options for the issue of SERVICE DEVELOPMENT:

- More, continued development of wraparound - mentoring; advocacy; care coordination.
- Especially another level – not all kids/families want wraparound; case management, mentoring more appropriate.
- May need system of care but not wraparound.
- Coordinate with Nebraska Family Portrait.
- Multi-systemic therapy.
- Bring things that are present in the community into the system of care, such as Family Group Conferencing and service providers.
- Place for high need runaways where there is no crime violation – services needed; woefully inadequate:
 - Staff secure for youth and family security;
 - Intense services.
 - Often specific to cultural communities, especially Vietnamese families.
- Important to consider runaways.
- Crisis beds.
- Substance abuse treatment.
- Go from one extreme to the other – need to make sure more than band aids fill the middle:
 - Graduated;
 - Accessible;
 - Different time frames; more than respite;
 - Placements as intervention not as reaction.
- Some mechanism to review “gate keeping” before child in system of care goes into a regional treatment center; monitor; ask questions.
- Wraparound team can be helpful with payment attached.
- Need to look at funding.
- Mobile crisis.
- Transitional services for older kids, especially with independent living kids; not a lot for 18 + year olds.
- Remember prevention side.
- Program for kids with incarcerated parents or criminal activities.
- Look at risk factors.
- Program for children of alcoholics.
- Program for children who are victims of abuse and sexual assault.

- Study regarding the impact of mentoring and impact on higher cortical thinking.
- On-going training.
- Community-based assessment – especially related to prevention.
- Different hours for programs – to make accessible (evenings, weekends, etc.).
- Resources: one-step system to figure out and inform who provides what; compilation; direction, referral; for families and providers.
- Not reinventing wheel – use what is available in community.
- Help existing services respond/adjust/change according to emerging needs.

Options for the issue of RESPITE:

- Unique to family; good use for flex funding; avoids strangers.
- Respite in-home and out of home either for identified child or siblings so parents can have quality time with other siblings or with identified child.
- Family – defined.
- Some relationship between respite and crisis – a placement type getaway – a secure place.
- Place/opportunity to allow just some separation between family and child (short-term, cooling off, recreational or other focus).
- Freeway Station = provides; especially successful for non-state ward families; crisis drop-in, but not mobile; need more.
- Capacity missing – under fourteen (from four to fourteen).
- Crisis nursery (1 to six year olds) – take child.
- How would respite look across cultures? Look at what it needs culturally.
- Training for providers relative to special needs population – user friendly, consistent with who provides respite; including six and under group that do not fit typical participant; in Omaha, only one – “BehaveADay”; big problem with funding.
- The challenge is not to define “needs” population as a bigger challenge than they are.
- Problem with respite is availability; fees too high, and skills issues.
- Define how and when respite available (8:30 – 5:00) with fees that may be difficult.
- Need is for quick turnaround when parent gets emergency call (can’t leave work, etc.); mobility would help.
- Responses for parents who are wanting to drop child off at Detention Center for a couple of months – when they are at the end of their rope.
- Healthy Families project can help.
- “Take a Break” program – needs funds; served 60-70 kids on Friday evenings; used staff and volunteers; for age 6 weeks to 12 years old; also used older kids to help out.

Options for the issue of SERVICE DELIVERY:

- Time flexibility.
- Referrals when program isn’t 24/7.
- Evaluate who refers and their rationale.
- Make sure needs of family are met – not put into existing slot.
- Transportation – flex funding for reimbursement; public transportation system that would support families and their needs.
- Providers that provide transportation.

- Broad definition of what is expected to be provided; look at larger needs and impact on transportation providers – how extended they get, more complicated.
- Overcome liability issues.
- Provide services close to homes:
 - Community centers;
 - Family resource centers; schools (21st century project – community learning centers);
 - Churches, religious facilities;
 - Figure out different ways to work together; one provider hosting another provider on site;
 - Behavioral health people in schools (21st century project) to utilize facilities more, beyond traditional school day framework.
- Reduce directions parents need to be accountable – consolidate to reduce complexity.
- One plan – consolidate expectations for families.
- Look to civic organizations also – considering that schools may not feel safe or comfortable.
- Get high-end services without making child a state ward; avoid that choice with funds, structure.
- Legislative influence to make that happen.
- Look at ‘5C’ area of statute that could accomplish the same thing.
- Access medical care – Medicaid reimbursement only for high end; need to extend that to community based services like wraparound.
- Find support for families that don’t qualify for Medicaid; don’t wait until things get so bad because Medicaid or insurance is not available.
- Providing services that allow families success by having mutual support and coordination among agencies.
- Information technology for sharing information among agencies that still protects privacy.
- Regulatory changes and releases relative to technological and legal parameters to avoid duplication and gaps and lag times (need timelines and resources to devote to medical records).
- Model = Assessment Center and Lincoln Public Schools.
- Single point of entry into system of care – agreement among members of system of care.
- Work toward consolidation of release of information – getting groups together and then get it on paper so that it’s not tied to person, who is transient.
- Influence CARF, etc., accreditation process to complement needs for information sharing.
- Service coordination within system of care to know who is doing what with whom.
- Juvenile justice system is disengaged with emerging system of care.
- How to honor autonomy of provider and create funding accountability to system of care?
 - Funding follows kid;
 - How is utilization of resources and funding monitored?
 - Ensure services/resources are available;
 - Self-determination of agencies promoted.
- Identify risk of losing funds.
- Coordination of care – issues of money; coordination as a seamless component of integrated system of care.
- MIS (management information system) = integrated.
- Substance abuse providers are not engaged in system of care.
- Need substance abuse and mental health prevention providers involved (even when funding stream is challenging).
- Utilization review and functions, oversight critical – role for F3.

- Providers have underutilized resources internally that may be contributed to system (grant writing, foundations, etc.)
- Identify underutilized resources.
- Get information to families (evaluations, etc.).
- OJS evaluation, for example, restricted from families.
 - Some areas changed, however.
 - Some information now being shared.
 - Try to weigh detrimental, and what is not, for family safety.
- Need a way to monitor evaluations – there is inconsistency; they don't always capture what is going on with families.
- Evaluators (all) help identify strengths and natural support systems.
- Access to evaluators.

Options for the issue of RESOURCE DEVELOPMENT:

- Bargain, negotiate for funding of care coordination.
- Redirect money: e.g. when emergency shelters are closed or days child can be in them has limits, what happens to dollars saved?
- Juvenile justice plan - \$6.8 million dollars (\$3.4 county revenue) going into system; does not include juvenile court, probation, detention (\$5.8 million) or grant money or community foundation funds.
- Ask juvenile justice where those funds go?
- Who makes funding decisions?
- Redirect placement funding into community-based services.
- Milwaukee – pooled funds and created managed care system:
 - Providers adapted;
 - Utilization management, care coordination served two times the population with the same amount of money;
 - Brokered money;
 - Integrated system of care that:
 - Pools funds;
 - Looks at needs;
 - Ensures responsive services;
 - Utilizes services and flexes for families without categorical approach.
- Caution: make sure the pool is sufficient and maintained relative to demand.
- Ensure that affordable if without Medicaid or insurance.
- Find resources for families:
 - Wraparound, if sufficient, would cover needs;
 - Alternatives to residential in patient care (which costs \$1,200 - \$1,500 per day);
 - Shift tax money to up front.
- Bring in people who hold “purse strings.”
- Can system of care create revenue that can be plugged back in?

NEXT TIME: Related topics of critical importance = **evaluation** (how to ensure accountability to principles and resulting outcomes?) and **F3 infrastructure** (what structure, policies, & procedures will this process lead to ensure sustainability?)